## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5 84004 APPLICANT(S) FILING DATE

## **CLAIMS**

|                    | AS FILED    |                                                  | AFTER<br>1"AMENDMENT                   |                                                  | AFTER 2 MAMENDMENT |              |
|--------------------|-------------|--------------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------|--------------|
|                    | IND.        | DEP.                                             | IND.                                   | DEP.                                             | IND.               | DEP.         |
| 1                  |             |                                                  |                                        |                                                  |                    |              |
| 2                  |             |                                                  |                                        | $\perp$                                          |                    |              |
| 3                  | · ·         |                                                  |                                        |                                                  |                    |              |
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| 5                  |             |                                                  |                                        | У                                                |                    |              |
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| 9                  |             | <del>                                     </del> | 6.7                                    |                                                  |                    |              |
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| TOTAL<br>IND.      |             | 1                                                | 1                                      | +                                                |                    | #            |
| TOTAL<br>DEP.      |             | <b>(-</b>                                        | 11                                     | <b>—</b>                                         |                    | <b>+</b>     |
| TOTAL<br>CLAIMS    |             |                                                  | 12                                     |                                                  |                    |              |

PTO - 1360 (REV. 11/04)

| .S              | AS FILED      |                                                  | AFTER        |               | AFTER                                 |                                                  |
|-----------------|---------------|--------------------------------------------------|--------------|---------------|---------------------------------------|--------------------------------------------------|
|                 | ASF           | ILED                                             | 1" AMENDMENT |               | 2 nd AMENDMENT.                       |                                                  |
|                 | IND.          | DEP.                                             | IND.         | DEP.          | IND.                                  | DEP.                                             |
| 51              |               |                                                  |              |               |                                       |                                                  |
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| 69              |               | <u> </u>                                         |              |               |                                       |                                                  |
| 70<br>71        |               | <b> </b>                                         |              |               |                                       | ļ <u>.</u>                                       |
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| 83              |               |                                                  |              | <u> </u>      |                                       |                                                  |
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| 87              | ·             |                                                  |              | <del> </del>  |                                       | <del> </del>                                     |
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| 94<br>95        |               |                                                  |              |               |                                       | ļ                                                |
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| 100             |               |                                                  |              |               |                                       |                                                  |
| TOTAL<br>IND,   |               | JL                                               |              |               |                                       | JL.                                              |
| TOTAL           | <b> </b>      | ] 🔻                                              |              |               | ·                                     | J 🔻                                              |
| DEP.            |               | +                                                |              | <b>(</b>      |                                       | <b>(-</b>                                        |
| TOTAL<br>CLAIMS |               |                                                  |              |               |                                       |                                                  |
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